

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION:	INITIALS	SS NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER			
FORMALITY REVIEW	BE	293	01-25-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected W _____ Non-elected
 - _____ Allowed I _____ Interference
 (Through numeral) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	6-23-01
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Claim	Date
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If more than 150 claims or 10 actions
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